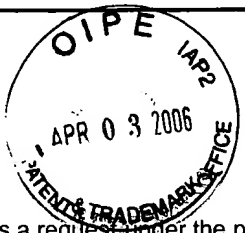
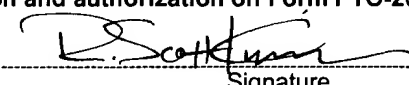
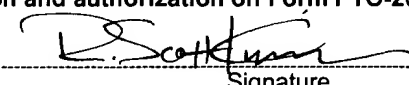
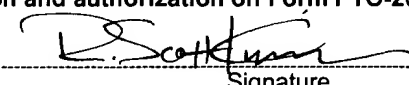


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 70015990-0037.017														
	In re Application of SPERBER, Martin															
	Application Number 09/851,371	Filed May 7, 2001														
	For BI-DIRECTIONAL ACCESS POINT															
	Group Art Unit 2817															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a Response to Office Action in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired:)</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: right;">\$.</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$ 450.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown Above is reduced by one-half, and the resulting fee is \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. From PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this Application to Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-3140. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on Form PTO-2038.</p> <table style="width: 100%;"><tr><td style="text-align: center; width: 40%;"><u>April 3, 2006</u> Date</td><td style="text-align: center; width: 60%;"> Signature</td></tr><tr><td style="text-align: center;">(CUSTOMER #) 26263</td><td style="text-align: center;"><u>R. Scott Kimsey</u> Typed or printed name</td></tr></table> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$.	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$	<u>April 3, 2006</u> Date	 Signature	(CUSTOMER #) 26263	<u>R. Scott Kimsey</u> Typed or printed name
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$.															
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450.00															
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$															
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$															
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$															
<u>April 3, 2006</u> Date	 Signature															
(CUSTOMER #) 26263	<u>R. Scott Kimsey</u> Typed or printed name															
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.																

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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